

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	W		11-29-01
FORMALITY REVIEW	CM	71632	27-01
RESPONSE FORMALITY REVIEW	Rm	781	115-19-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original 4-18-01
1	1-15-03
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10	
11	✓+N
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21	✓+N
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37	
38	
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41	✓
42	✓+N
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Claim	Date
Final	Original 4-18-01
1	1-15-03
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55	✓+N
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59	✓
60	✓+N
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68	
69	
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72	
73	✓+N
74	
75	
76	✓
77	✓+N
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96	
97	✓
98	✓
99	N
100	✓

Claim	Date
Final	Original 4-18-01
101	
102	
103	
104	✓
105	✓+N
106	
107	
108	
109	
110	
111	
112	✓+N
113	
114	
115	✓+N
116	
117	
118	
119	
120	
121	
122	✓
123	✓+N
124	✓
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Best Available Copy

If more than 150 claims or 10 actions  
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